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Address to: RECEIVED CORRESPONDENCE CENTRAL FAX CENTER **Assistant Commissioner for Patents ADDRESS** Box CN **0 2** 2003 INDICATION FORM Washington, DC 20231 Please recognize the following address as the correspondence address: Customer Number OR Type Customer Number here Request for Customer Number (PTO/SB/125) submitted herewith. In the following listed application(s) or patent(s): U.S. Filing **Patent Number** Patent Date **Application Number** (if appropriate) Date (if appropriate) 12/10/99 09/458922 (check one) Typed or Applicant or Patentee Printed Name David E. Bennett Assignee of record of the entire interest. Statement under Signature 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Date Attorney or Agent of record Address of signer:1400 Crescent Green, (Røg. No.) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below *. forms are submitted. "Total of

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